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| TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53 | Attorney Docket No. | 24736-2033 |
| | First named inventor | Andreas Braun |
| | Express mail label # | EL406143913US |
| | Date of mailing | October 13, 2000 |

| Application Elements | Accompanying Application Papers |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification containing <u>135</u> pages (including claims and Abstract), a Sequence Listing (110 pages). a. Title: METHODS FOR GENERATING DATABASES AND DATABASES FOR IDENTIFYING POLYMORPHIC GENETIC MARKERS b. Number of claims: <u>100</u> 3. <input checked="" type="checkbox"/> 49 sheets of drawings with 58 Figures 4. <input type="checkbox"/> Declaration 5. <input checked="" type="checkbox"/> Sequence Listing <input checked="" type="checkbox"/> Paper copy (identical to computer copy) <input checked="" type="checkbox"/> Computer readable copy <input type="checkbox"/> Verified statement | 6. <input type="checkbox"/> Assignments 7. <input checked="" type="checkbox"/> Small Entity Status is claimed 8. <input type="checkbox"/> Preliminary Amendment 9. <input checked="" type="checkbox"/> Return Receipt Postcard |
| SIGNATURE OF ATTORNEY/AGENT HELLER EHRMAN WHITE & McAULIFFE LLP  Stephanie Seidman Registration Number: 33,779 | |

☒ Benefit of priority under 35 U.S.C. §119(e) claimed to U.S. provisional application Serial Nos. 60/217,658, 60/159,176 and 60/217,251. Benefit of priority under 35 U.S.C. §120 is also claimed. This application is a continuation-in-part of U.S. application Serial No. 09/663,938, filed September 19, 2000. The application and provisional applications are incorporated by reference in their entirety

| CORRESPONDENCE ADDRESS | | |
|------------------------|---|-------------------------|
| NAME | Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP | |
| Address | 4250 Executive Square, 7th Floor, La Jolla, CA 92037 | |
| | Telephone: 858.450-8400 | Facsimile: 858.587-5360 |


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|----|-----------------------------------|------------|-----------------------------|-------------------|
| a) | Basic Fee | | | \$ 710.00 |
| b) | Independent Claims | <u>15</u> | - 3 = <u>12</u> x \$ 80.00 | \$ <u>960.00</u> |
| c) | Total Claims | <u>100</u> | - 20 = <u>80</u> x \$ 18.00 | \$ <u>1440.00</u> |
| d) | Fee for Multiple Dependent Claims | | - \$270.00 | \$ <u>0.00</u> |
| | | | TOTAL FILING FEE | \$3110.00 |

- 0608** **0609** **0610** **0611** **0612**

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| | Telephone: 858.450.8400 | | | Facsimile: 858.587.5360 | |
| Submitted by: | | | | | |
| Typed or printed name | Stephanie Seidman | | | Reg. Number | 33,779 |
| Signature |  | Date | 10/13/00 | Deposit Account | 50-1213 |